

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

						SERIAL NO.	FILING DATE	
						10-088,433		
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2	/						52	
3	/						53	
4	101						54	
5	101						55	
6	101						56	
7	101						57	
8	101						58	
9	101						59	
10	101						60	
11	/						61	
12	/						62	
13	/						63	
14	/						64	
15	/						65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
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25							75	
26							76	
27							77	
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29							79	
30							80	
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32							82	
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35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	43						TOTAL IND.	
TOTAL DEP.	109						TOTAL DEP.	
TOTAL CLAIMS	144						TOTAL CLAIMS	